ORIGINAL



ARROYO WATER COMPANY, INC.

1400 N. Beeline Highway Payson, AZ 85541 (928) 474-1766 Fax (928) 474-7812

Arizona Corporation Commission1200 W Washington St

1200 W. Washington St. Phoenix, AZ 85007

RE: W-04286A-04-0774 Decision # 70206

Enclosed for docket is the monthly coli form test results, dated 6/5/2011 from Test America

• Well meter read: 67193400

Arizona Corporation Commission DOCKETED

JUN 3 0 2011

DOCKETED BY

Thank You,

Athena Mikulak

Arroyo Water Company

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 6/5/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 09:40	Phone Number: 928-472-3109

peat Samples Only - Check One a if Initial Sample was Positive Lab Specimen ID # of Initial Sample
Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System) 4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
2 ARROYO WATER CO		55-
		Cl2 mg/L
		(Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Method Result Method Result Method Result Date Time Date PUF0297-02 SM 9223B PRESENT 6/6/2011 14:40 6/7/201	plete
PUF0297-02 SM 9223B PRESENT 6/6/2011 14:40 6/7/2011	Time
	14:50
SM 9223B ABSENT 6/6/2011 14:40 6/7/20	11 14:50

MCL: If system is \leq 33,000, then MCL is 2 or more total coliform-positive.

If system is > 33,000, then no more than 5% of the samples may be total coliform-positive.

Laboratory Information (To be filled out by lab personnel)

Lab Name TestAmerica Pho	enix	Lab Certified ID Number:	AZ0728
Lab Contact, printed name:	Suzanne Glass	Lab Phone Number:	(602) 437-3340
Signature: Supru &			
Date PWS Notified:	6/7/2011	PWS Person Notified:	JAMES R HARRELL
Any positive routine or increa	ased routine TCR sample	triggers the GWR and requires ADEC	notification.
Date ADEQ Notified:		ADEQ Person Notified:	

Comments:	 7	 	

Please mail completed form to:

Arizona Department of Environmental Quality Water Quality Data Unit 5415B-1 1110 West Washington Street Phoenix, Arizona 85007

Questions Regarding the Total Coliform Rule:

Call (602) 771-4560 within AZ (800) 234-5677 ext. 771-4560

DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 6/12/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 11:10	Phone Number: 928-472-3109

Repeat Samples Only - Check One					
Use if In	itial Sample was Positive				
	PUF0297-02				
Х	Lab Specimen ID # of Initial Sample				
Ups Dov Oth	ginal Location (Distribution System) stream Location (Distribution System) wnstream Location (Distribution System) er Location (Distribution System) Repeat "Other" Sample Taken at Well v water) if PWS serves 1,000 people or less				

OR	Well 55-xxxxx
	55-
	Cl2 mg/L

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen (D	310 Total Co		30 Fecal C)14 coli	Analysi Start	S	Analys Comple	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-05	SM 9223B	ABSENT	$\geq \leq$	$\geq \leq$	$\geq <$	>><	6/13/2011	14:40	6/14/2011	14:40
					SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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Signature: Sopre			
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Date ADEQ Notified:	6/16/2011	ADEQ Person Notified:	

Comments:	 		 Alfa-lifes
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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 6/12/2011	Owner / Contact Person: JAMES R HARRELL.
Sample Time (24-hr. clock): 11:20	Phone Number: 928-472-3109

•	t Samples Only - Check One
Use if	Initial Sample was Positive
×	PUF0297-02 Lab Specimen ID # of Initial Sample
	original Location (Distribution System) Ipstream Location (Distribution System) Ipownstream Location (Distribution System) Ither Location (Distribution System) Ith Repeat "Other" Sample Taken at Well Itan water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
6-ARROYO WATER CO		55-
		Cl2 mg/L (Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co		30 Fecal C		,我就是她心里的玩了机)14 coli	Analysi Start	S	Analys Comple	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-06	SM 9223B	ABSENT	$\geq \leq$	$\geq \leq$	$\geq \leq$	><	6/13/2011	14:40	6/14/2011	14:40
			l	1	SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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Lab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340
Signature: Sugar &	-		
Date PWS Notified:	6/16/2011	PWS Person Notified:	JAMES R HARRELL
Any positive routine or increa	ased routine TCR sample	triggers the GWR and requires ADEC	notification.
Date ADEQ Notified:	6/16/2011	ADEQ Person Notified:	

Comments:			
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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 6/12/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 11:30	Phone Number: 928-472-3109

-	Samples Only - Check One
Use if Ini	tial Sample was Positive
	PUF0297-02
Х	Lab Specimen ID # of Initial Sample
Ups Dov Oth 4th	ginal Location (Distribution System) stream Location (Distribution System) vnstream Location (Distribution System) er Location (Distribution System) Repeat "Other" Sample Taken at Well v water) if PWS serves 1,000 people or less

OR	Well 55-xxxxx
	55-
	Cl2 mg/L

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co		30 Fecal C)14 coli	Analysi Start	S	Analys Comple	CHARLEST AND A
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-07	SM 9223B	ABSENT	$\geq \leq$	$\geq \leq$	$\geq \leq$	$>\!\!<$	6/13/2011	14:40	6/14/2011	14:40
$>\!\!<$	$>\!\!<$	><			SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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_ab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340
Signature: Supre			
Date PWS Notified:	6/16/2011	PWS Person Notified:	JAMES R HARRELL
Any positive routine or incre	ased routine TCR sample	e triggers the GWR and requires ADEC	notification.
Date ADEQ Notified:	6/16/2011	ADEQ Person Notified:	

Comments:			

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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404083	PWS Name: ARROYO WATER CO
Sample Date: 6/12/2011	Owner / Contact Person: JAMES R HARRELL
Sample Time (24-hr. clock): 11:40	Phone Number: 928-472-3109

Repeat Samples Only - Check One Use if Initial Sample was Positive					
	PUF0297-02				
Х	Lab Specimen ID # of Initial Sample				
Ups Dow Othe	inal Location (Distribution System) tream Location (Distribution System) vnstream Location (Distribution System) er Location (Distribution System) Repeat "Other" Sample Taken at Well v water) if PWS serves 1,000 people or less				

Sampling Distribution Site ID:	OR	Well 55-xxxxx
8-ARROYO WATER CO		55-
		Cl2 mg/L (Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

	3100 Total Coliform		3013 Fecal Coliform		3014 E. coli		Start		Comple	te 📜
M	lethod	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-08 SM	9223B A	ABSENT	$\geq \leq$	$\geq \leq$	><	$>\!\!<$	6/13/2011	14:40	6/14/2011	14:40
	$>\!\!<\!\!<$	$>\!\!<\!\!\!<$			SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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Lab Contact, printed name: Suzanne Glass		Lab Phone Number:	(602) 437-3340
Signature: Sugare &	_		
Date PWS Notified:	6/16/2011	PWS Person Notified:	JAMES R HARRELL
Any positive routine or inc	reased routine TCR sample	e triggers the GWR and requires ADEC	Q notification.
Date ADEQ Notified:	6/16/2011	ADEQ Person Notified:	

Comments:	 			 	***************************************	
İ						

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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 6/5/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 09:15	Phone Number: 928-472-3109

Original Location (Distribution System) Upstream Location (Distribution System) Downstream Location (Distribution System) Other Location (Distribution System) 4th Repeat "Other" Sample Taken at Well (raw water) if PWS serves 1,000 people or le	ess

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1 JAKES CORNER WATER SUPPLY		55-
		Cl2 mg/L

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	3100 Total Coliform		3013 Fecal Coliform			3014 E_coli		S	Analys Comple	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0297-01	SM 9223B	PRESENT	$>\!\!<$	$>\!\!<$	><	\searrow	6/6/2011	14:40	6/7/2011	14:50
	$>\!\!<$	><			SM 9223B	ABSENT	6/6/2011	14:40	6/7/2011	14:50
Only report below f	or Ground W	ater Rule,	4™Repeat "0	Other" (raw	water sample	e). Must use	method that p	rovides	E. coli as resi	ult.
			$>\!\!<$	\searrow	1					

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Laboratory Information (To be filled out by lab personnel)

Lab Name TestAmerica Pho	enix	Lab Certified ID Number:	AZ0728				
Lab Contact, printed name:	Contact, printed name: Suzanne Glass		(602) 437-3340				
Signature: Some							
Date PWS Notified:	6/7/2011	PWS Person Notified:	JAY HARRELL				
Any positive routine or increased routine TCR sample triggers the GWR and requires ADEQ notification.							
Date ADEQ Notified:		ADEQ Person Notified:					

Comments:		

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DWAR-1, Total Coliform Rule, revised 12-01-09

Drinking Water Microbiological Analysis Report

PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 6/12/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:15	Phone Number: 928-472-3109

•	amples Only - Check One tial Sample was Positive PUF0297-01 Lab Specimen ID # of Initial Sample
Ups Dow Othe	inal Location (Distribution System) tream Location (Distribution System) nstream Location (Distribution System) er Location (Distribution System) Repeat "Other" Sample Taken at Well water) if PWS serves 1,000 people or less

Sampling Distribution Site ID:	OR	Well 55-xxxxxx
1-JAKES CORNER WATER SUPPLY		55-
		Cl2 mg/L (Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

od Result Da	te Time	Date	Santable Sec.
		⊔ate	Time
6/13	/2011 14:40	6/14/2011	14:40
23B ABSENT 6/13	/2011 14:40	6/14/2011	14:40

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Signature: Supra &	_			
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Comments:		

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Sample Date: 6/12/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:30	Phone Number: 928-472-3109

•	t Samples Only - Check One Initial Sample was Positive
	PUF0297-01
Х	Lab Specimen ID # of Initial Sample
	riginal Location (Distribution System) pstream Location (Distribution System) ownstream Location (Distribution System) other Location (Distribution System) th Repeat "Other" Sample Taken at Well aw water) if PWS serves 1,000 people or les

Sampling Distribution Site ID:	OR	Well 55-xxxxx
2-JAKES CORNER WATER SUPPLY		55-
		Cl2 mg/L

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co	The bridge that the	30 Fecal C	法国际保护 建电路)14 coli	Analysi Start	S	Analys Comple	F. S. S. S. S. S. S. S. S.
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-02	SM 9223B	ABSENT	$>\!\!<$	><		X	6/13/2011	14:40	6/14/2011	14:40
	><	><			SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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PWS ID Number: AZ0404029	PWS Name: JAKES CORNER WATER SUPPLY
Sample Date: 6/12/2011	Owner / Contact Person: JAY HARRELL
Sample Time (24-hr. clock): 10:35	Phone Number: 928-472-3109

•	Repeat Samples Only - Check One							
Use if Ini	tial Sample was Positive							
	PUF0297-01							
Х	Lab Specimen ID # of Initial Sample							
Ups Dow Oth 4th	ginal Location (Distribution System) tream Location (Distribution System) vnstream Location (Distribution System) er Location (Distribution System) Repeat "Other" Sample Taken at Well v water) if PWS serves 1,000 people or less							

Well 55-xxxxxx
55-
Cl ₂ mg/L
[

Microbiological Analysis (To be filled out by lab personnel)

Meth	nod Result	i kana daka san Lan				35 A 46 B 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C 5	THE SHOP IN	Comple	ALBEL AC
	iod ixeduit	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-03 SM 92	23B ABSENT	$\geq \leq$	$>\!\!<$	$>\!\!<$	><	6/13/2011	14:40	6/14/2011	14:40
$>\!\!<\!\!\!>$	$<\!\!\!><$]		SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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	PUF0297-01							
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Sampling Distribution Site ID:	OR	Well 55-xxxxx
4-JAKES CORNER WATER SUPPLY		55-
		Cl2 mg/L (Not for MRDL reporting)

Microbiological Analysis (To be filled out by lab personnel)

Lab Specimen ID	310 Total Co		30 Fecal C	Carlo Ca		14 coli	Analysi Start	S	Analys Comple	
	Method	Result	Method	Result	Method	Result	Date	Time	Date	Time
PUF0752-04	SM 9223B	ABSENT	$>\!\!<$	$>\!\!<$	$\geq \leq$	$>\!\!<\!\!<$	6/13/2011	14:40	6/14/2011	14:40
> < <	$>\!\!<$	><	_		SM 9223B	ABSENT	6/13/2011	14:40	6/14/2011	14:40

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